

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

PO BOX 12846

☐ Check if different
than previously
reported. (ACC)

Austin

TX

78711

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00358903

3. IS THIS
REPORT

☒

NEW
(N)

OR

☐

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☒ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y

07

01

2016

through

07

31

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Meredith Heyde

Signature of Treasurer

Meredith Heyde

[Electronically Filed]

Date

08

19

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		407568.95
(b) Cash on Hand at Beginning of Reporting Period.....	471037.03	
(c) Total Receipts (from Line 19)	14194.28	175322.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	485231.31	582891.31
7. Total Disbursements (from Line 31)	3343.00	101003.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	481888.31	481888.31
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
07 01 2016

To:

M M / D D / Y Y Y Y Y
07 31 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

4120.00

43855.00

(ii) Unitemized

10055.50

131348.01

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

14175.50

175203.01

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

14175.50

175203.01

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18.78

119.35

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

14194.28

175322.36

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

14194.28

175322.36

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3343.00	3343.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3343.00	3343.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	95500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	2160.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3343.00	101003.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3343.00	101003.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	14175.50	175203.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14175.50	175203.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	3343.00	3343.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	3343.00	3343.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Anna Thea Beckman

Mailing Address 4340 N Juniper Rd

City

Scott City

State

KS

Zip Code

67871-6020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott County Hospital

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 22 / 2016

Transaction ID : C3365073

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lisa Byrd

Mailing Address 475 Cheyenne Ln

City

Madison

State

MS

Zip Code

39110-9206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Merit Health Central

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

07 / 09 / 2016

Transaction ID : C3365089

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Keven Comer

Mailing Address 509 Tillyfour Rd

City

Bozeman

State

MT

Zip Code

59718-9676

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bozeman Health Group

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 01 / 2016

Transaction ID : C3364256

Amount of Each Receipt this Period

500.00

☐ Memo Item

* In-Kind: Ixtapan Hotel/Spa Resort Package Basket

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Karen Fell

Mailing Address PO Box 56096

City

North Pole

State

AK

Zip Code

99705-1096

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bassett Army Community Hospital

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 01 / 2016

Transaction ID : C3364247

Amount of Each Receipt this Period

100.00

☐ Memo Item

* In-Kind: Alaska Gift Basket/Ornament

Full Name (Last, First, Middle Initial)

B. Valerie Fuller

Mailing Address 16 Shoreline Dr

City

Falmouth

State

ME

Zip Code

04105-1949

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maine Medical Center

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

07 / 01 / 2016

Transaction ID : C3364252

Amount of Each Receipt this Period

135.00

☐ Memo Item

* In-Kind: Lobster Dinner Gift Card and Plates Basket

Full Name (Last, First, Middle Initial)

C. Beverlee Furner

Mailing Address 1647 Gold St

City

Middleton

State

ID

Zip Code

83644-5197

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Alphonsus Medical Group

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

07 / 01 / 2016

Transaction ID : C3364250

Amount of Each Receipt this Period

200.00

☐ Memo Item

* In-Kind: ID Wine/BSU ISU Memorabilia/Cookbook

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

435.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Sheryl Giordano

Mailing Address 440 Emden St

City

Henderson

State

NV

Zip Code

89015-5643

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johns Hopkins Medicine

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

07 / 01 / 2016

Transaction ID : C3364255

Amount of Each Receipt this Period

400.00

☐ Memo Item

* In-Kind: Las Vegas Get Away Hotel Gift Basket

Full Name (Last, First, Middle Initial)

B. Colleen Leners

Mailing Address 3738 Via Del Conquistador

City

San Diego

State

CA

Zip Code

92117-5741

FEC ID number of contributing
federal political committee.

C

Name of Employer

RWJF

Occupation

Health Policy Fellow

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

07 / 11 / 2016

Transaction ID : C3364978

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lenora Lorenzo

Mailing Address PO Box 474

62-394 Jp Leong Hwy

City

Haleiwa

State

HI

Zip Code

96712-0474

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Island HCS- VA

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1325.00

Date of Receipt

07 / 01 / 2016

Transaction ID : C3364260

Amount of Each Receipt this Period

1200.00

☐ Memo Item

* In-Kind: Weeklong Haleiwa Hawaiian Vacation

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Lynn Rapsilber

Mailing Address 253 Fairlawn Dr

City

Torrington

State

CT

Zip Code

06790-5809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Litchfield County Gastro

Occupation

NP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 01 / 2016

Transaction ID : C3364248

Amount of Each Receipt this Period

100.00

☐ Memo Item

* In-Kind: Wine/Glasses/Cutting Board/Twain Mug

Full Name (Last, First, Middle Initial)

B. Laura Searcy

Mailing Address 3375 Pretty Branch Dr SE

City

Smyrna

State

GA

Zip Code

30080-4453

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Pediatric Nurs

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 02 / 2016

Transaction ID : C3365113

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Janet Selway

Mailing Address 4512 Fait Ave

City

Baltimore

State

MD

Zip Code

21224-4405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Catholic University

Occupation

Asst. Professor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

07 / 29 / 2016

Transaction ID : C3364999

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

675.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Nancy Whitehead

Mailing Address 743 S 7th Ave

City

West Bend

State

WI

Zip Code

53095-3944

FEC ID number of contributing
federal political committee.

C

Name of Employer

Whitehead Consulting, LLC

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

07 / 01 / 2016

Transaction ID : C3364258

Amount of Each Receipt this Period

50.00

☐ Memo Item

* In-Kind: Coffee Mugs/Kitchen Items Gift Basket

Full Name (Last, First, Middle Initial)

B. Christine Williams

Mailing Address 15701 Fernway Rd

City

Shaker Heights

State

OH

Zip Code

44120-3353

FEC ID number of contributing
federal political committee.

C

Name of Employer

Neighborhood Family Practice

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

07 / 01 / 2016

Transaction ID : C3364246

Amount of Each Receipt this Period

160.00

☐ Memo Item

* In-Kind: Ohio State/Rock n Roll Basket

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

210.00

4120.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Keven Comer

Mailing Address 509 Tillyfour Rd

City	State	Zip Code
Bozeman	MT	59718-9676

Purpose of Disbursement
Ixtapan Hotel/Spa Resort Package Basket

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

Transaction ID : D175192

Amount of Each Disbursement this Period

500.00

☐ Memo Item
☒ * In-Kind Received

Full Name (Last, First, Middle Initial)

B. Sheryl Giordano

Mailing Address 440 Emden St

City	State	Zip Code
Henderson	NV	89015-5643

Purpose of Disbursement
Las Vegas Get Away Hotel Gift Basket

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

Transaction ID : D175191

Amount of Each Disbursement this Period

400.00

☐ Memo Item
☒ * In-Kind Received

Full Name (Last, First, Middle Initial)

C. Lenora LorenzoMailing Address PO Box 474
62-394 Jp Leong Hwy

City	State	Zip Code
Haleiwa	HI	96712-0474

Purpose of Disbursement
Weeklong Haleiwa Hawaiian Vacation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

Transaction ID : D175196

Amount of Each Disbursement this Period

1200.00

☐ Memo Item
☒ * In-Kind Received
SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2100.00

2100.00
